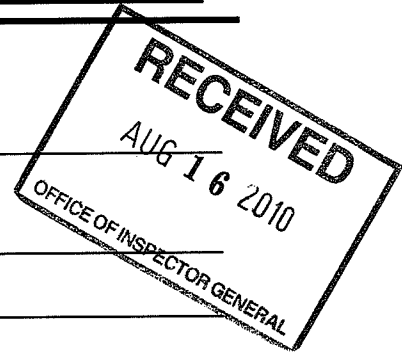


**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only  
Received 8-16-10  
Amount \$1500-

Ch # 030010



**I. IDENTIFICATION**

Name Village Care Center

Address 2990 Riggs Ave.

City/County/Zip Erlanger/ Kenton/ 41018

Telephone number 859-727-9330

Administrator Tony Zubrowski

Date facility operation began at current address 2/4/02

Date facility began operation under current owner 2/4/02

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
Skilled	<u><del>100</del></u>	<u><del>100</del></u>
Nursing Home	<u></u>	<u></u>
Nursing Facility	<u>100</u>	<u>100</u>
Intermediate Care	<u></u>	<u></u>
ICF/MR	<u></u>	<u></u>
Personal Care	<u></u>	<u></u>

**II. CONTROL** (check one in each column)

State  
County  
City  
X Private

Profit  
X Nonprofit

Individual  
Partnership  
X Corporation

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Baptist Convalescent Center, Inc  
120 Main Street  
Newport, KY 41071

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Baptist Convalescent Center, Inc.  
Address of corporation 120 Main St., Newport, KY 41071  
President or Chairman Dr. Robert H. Long/CEO  
Vice President Robert W. Kester  
Secretary \_\_\_\_\_  
Treasurer Robert W. Kester

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

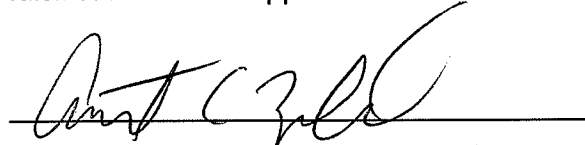
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>Baptist Convalescent Center, Inc.</u>	_____
<u>120 Main St.</u>	_____
<u>Newport, KY 41071</u>	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

  
Signature of authorized representative

 7/31/10  
Title Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

## 2010 Baptist Life Communities Board of Trustees

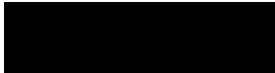
Ralph Aust – Retired



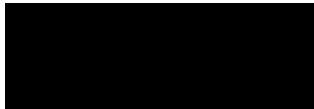
Linda Cobb-Banks - Dist./Logistics



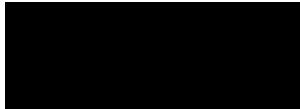
Dr. Herbert Booth – Retired



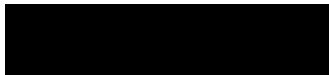
Gary Bricking – Retired



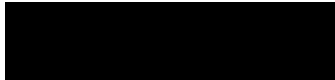
Mark Erion – USI, Financial Advisor, VP,  
CFO, CIO



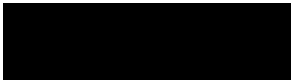
Dr. Dan Francis – Pastor, Georgetown  
Baptist



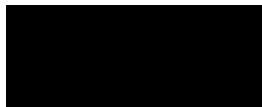
Glenda Gabbard – Retired



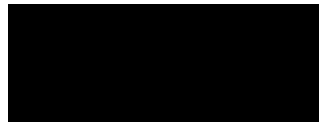
Bill Marcum – Innovex, Pharmaceutical  
Sales



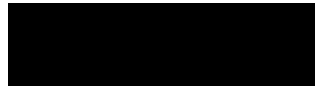
Harry Peeno – Padgett Business Service,  
Owner/Accountant



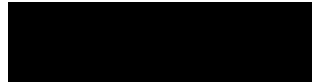
Rev. Bill Risher – Pastor, Hickory Grove



Cliff Wartman – Retired



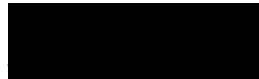
Mark Wegford – Attorney



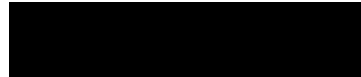
Pat Burkhart



Chris Grubbs



Dr. Robert Long – CEO, Baptist Life  
Communities



Bob Kester, CFO, Baptist Life Communities

